EXHIBIT	r
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SB 297	

23 March 2009

TO:

House Business and Labor Committee

FROM:

Dr. Nancy Aagenes <u>Aagenes@mt.net</u> (406) 431-9207

RE:

Senate Bill 287, Consumer health freedom and access act

This memo represents only my own thinking. My national association doesn't like my position. The department wants the bill dead. I have talked with many opponents and proponents. Some appreciate a more even handed approach. Though I am a constituency of one, I offer twenty years of experience working daily on the cusp between these groups. I have experience with legislative process. My only agenda is to elevate health care policy dialogue to the level of solutions. The intractable bickering between polarized groups does not help patients.

Will these amendments solve the problem? I don't know. Time will tell. This is a good opportunity to heal things up a little.

The issues and the amendments:

- 1) Unlicensed practitioners deserve a legal right to practice.

 Amendments: They pay their own way. They are accountable for disclosure not only to clients but also to the department.
- 2) Calling it licensure, registration or certification is a quagmire. Call it "filing the disclosure document". This is accurate and simple.
- 3) Diagnosis and treatment is a deal breaker. All that language comes out. Mona's right. The boards aren't harassing people and you can't know what you don't know.
- 4) The authentic interest of the department is implementation. Give them time to create a business plan for enactment.

To the proponents: Rights come with responsibilities.

- 1) Make yourselves known to the department. File your disclosure document at a regular interval.
- 2) **Pay your way,** same as the rest of us. If you don't have many complaints it won't cost much.
- 3) Most significantly: **provide your clients with a place to get help** when they need it. The process that ensues after complaint protects not only clients; it also protects you from legal action. It makes us better practitioners and helps us in difficult situations.
- 4) **Give up any language about diagnosis.** It's a deal breaker. Remember that diagnosis is almost inherently allopathic. The conventional system defines these terms. You don't need them. I witness you gently, kindly with experience and care, listen to your clients. Keep

doing that. You don't have to diagnose. It is hard to do even with extraordinary education and years of practice. Leave it to those legally accountable for education and testing.

To the opponents: Conventional care is necessary, life giving, risky, difficult to understand and expensive. Even if we wanted it exclusively, we can't afford it. The group the proponents represent is not going away. They are growing in number.

- 1) Tabling the bill leaves the public with a law suit as their only mechanism of complaint. Good mediation at the department of labor will protect the public.
- 2) If you sincerely believe there is a problem with harm, why wouldn't you want the disclosure document on file with the department? Your testimony vilified the proponents, claimed they pose great danger. Personally I don't think so. I have taken hundreds of detailed health histories from many patients. Most harm is done by conventional practice, often pharmaceutically driven. If a complaint comes and the practitioner is in violation of his/her document, shut them down. As we find those practicing without disclosure, write them a letter. Mediate the things in between. This is good public health policy.

To the department: The Alternative Health Care Board was formed by the Naturopathic Practice Act in 1991. Legislators then envisioned the eventual need for the regulation of complementary and alternative practices. That's why our board was not named the Board of Naturopathic Medical Examiners.

Implementation is not that hard.

- 1) **Create good uniform disclosure document.** This would serve the public because they would become familiar with the document and learn how to use it if they choose alternative practice. Put the document in a file.
- 2) You already have a good complaint process. With the testimony from both sides (including the department) it seems there won't be that many complaints anyway.
- 3) **Tell the committee what you need to create a good business plan.** I share Senator Balyeat's concern about a department attorney testifying about health policy rather than about the department's authentic implementation concerns. What process would create the disclosure document? How often would it need to be refilled? How many consumers are affected? How many potential practitioners would be covered by the law? What fee would be necessary to cover the costs? How much time do you need to figure that out?